## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

108045421

| CLAIMS AS FILED - PART I                                                 |                                                |                                               |                                  |                                       |              |                  | SMALL ENTITY |                   |                        |              | OTHE                | OTHER THAN             |  |
|--------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|----------------------------------|---------------------------------------|--------------|------------------|--------------|-------------------|------------------------|--------------|---------------------|------------------------|--|
| ΓŦ                                                                       | OTAL CLAIM                                     | · .                                           | (Colum                           | n 1)                                  | (Coli        | umn 2)           | 1            | TYPE              |                        |              | OR SMALL ENTIT      |                        |  |
|                                                                          |                                                |                                               | 27                               |                                       | ļ .          | :                | 1            | RATE              | FEE                    |              | RATE                | FEE                    |  |
| FOR                                                                      |                                                |                                               | NUMBER FILED                     |                                       | NUMBER EXTRA |                  |              | BASIC F           | EE 385.0               | OF           | BASIC FE            | E 770.00               |  |
| L                                                                        | OTAL CHARGE                                    | EABLE CLAIMS                                  | 27 minus 20= *                   |                                       | * -          | 7                |              | X\$ 9=            |                        | OF           | X\$18=              | 126                    |  |
| IN                                                                       | DEPENDENT (                                    | CLAIMS                                        | 3 minus 3 = *_                   |                                       |              |                  |              | X43=              |                        | <b>-</b>   " | You                 | 100                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                |                                               |                                  |                                       |              |                  |              | 4.45              |                        | OF           | `                   |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                               |                                  |                                       |              | <b>'</b>         | +145=        | +                 | OF                     |              | 100                 |                        |  |
| CLAIMS AS AMENDED - PART II                                              |                                                |                                               |                                  |                                       |              |                  |              | TOTAL             | ·                      | OR           |                     | 896                    |  |
| (Column 1) (Column 2) (Column 3)                                         |                                                |                                               |                                  |                                       |              |                  |              | SMALL             | . ENTITY               | OR           |                     | R THAN<br>ENTITY       |  |
| <b>AMENDMENT A</b>                                                       |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                                  | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY   | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONA<br>FEE  |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                          | Total                                          | *                                             | Minus                            | **                                    |              | =                |              | X\$ 9=            |                        | OR           | X\$18=              |                        |  |
|                                                                          | Independent                                    | *                                             | Minus                            | ***                                   |              | =                |              | X43=              | 1                      | OR           | X86=                |                        |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                               |                                  |                                       |              |                  | ı            | .145              |                        | 7            |                     |                        |  |
|                                                                          |                                                |                                               | •                                |                                       |              |                  | L            | +145=             | <del> </del>           | OR           | +290=<br>TOTAL      |                        |  |
| •                                                                        |                                                | (Column 1)                                    |                                  | (Calum                                | - ò\         | (Cal 0)          | A            | DDIT. FEE         |                        | OR           | ADDIT. FEE          |                        |  |
|                                                                          |                                                | CLAIMS                                        |                                  | (Colum<br>HIGHE                       |              | (Column 3)       | -            |                   |                        |              |                     | · ·                    |  |
| AMENDMENT B                                                              |                                                | REMAINING<br>AFTER<br>AMENDMENT               |                                  | NUMBI<br>PREVIOU<br>PAID F            | ER<br>JSLY   | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                          | Total                                          | *                                             | Minus                            | ** .                                  |              | =                | Γ            | X\$ 9=            |                        | OR           | X\$18=              |                        |  |
| A ME                                                                     | Independent                                    | *                                             | Minus                            | ***                                   |              | = .              | r            | X43=              |                        | 1 1          | X86=                |                        |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                               |                                  |                                       |              |                  | -            |                   |                        | OR           | 7.00=               |                        |  |
|                                                                          |                                                |                                               |                                  |                                       |              |                  |              | +145=             | •                      | OR           | +290=               |                        |  |
|                                                                          |                                                |                                               |                                  |                                       |              |                  | A            | TOTAL<br>DIT. FEE |                        | OR           | TOTAL<br>ADDIT, FEE |                        |  |
| _                                                                        |                                                | (Column 1)                                    |                                  | (Column                               |              | (Column 3)       |              | . •               |                        | •            |                     |                        |  |
| ב<br>ב<br>ב                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                                  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | SLY          | PRESENT<br>EXTRA | Γ            | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL        |  |
| AMENDMEN                                                                 | Total                                          | *                                             | Minus                            | **                                    |              | =                |              | X\$ 9=            | <u> </u>               |              | X\$18=              | FEE                    |  |
|                                                                          | ndependent                                     |                                               | Minus                            | ***                                   |              | =                | $\vdash$     |                   |                        | OR           |                     |                        |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                               |                                  |                                       |              |                  |              | X43=              |                        | OR           | X86=                |                        |  |
| • H                                                                      | the entry in colum                             | nn 1 is lose than the                         | ooter in anti-                   |                                       |              |                  | 1            | 145=              |                        | OR           | +290=               |                        |  |
| 11                                                                       | ine mignest Nun                                | nn 1 is less than the<br>nber Previously Paid | I For IN THIS                    | SPACE in la                           | ee than '    | 20               | ADI          | TOTAL<br>DIT. FEE |                        | OR A         | TOTAL<br>DDIT. FEE  |                        |  |
| . "                                                                      | ne "Highest Num!                               | nber Previously Paid<br>ber Previously Paid   | o ror IN THIS<br>For (Total or I | SPACE is le                           | ess than :   | 3, enter "3."    |              |                   | rooriate box           | in colu      | 1                   | ·                      |  |